

L18000100451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

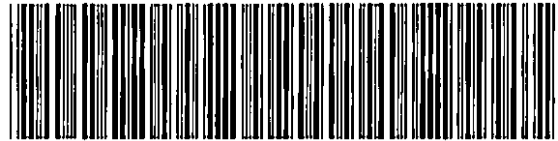
(Business Entity Name)

(Document Number)

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600317315516

18 AUG 20 PM 2:12  
CLERK OF SUPERIOR COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
18 AUG 20 AM 8:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

C SIMMONS  
AUG 21 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 354094 7986366

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 17, 2018

ORDER TIME : 1:28 PM

ORDER NO. : 354094-010

CUSTOMER NO: 7986366

CHANGE OF AGENT

NAME: DON'T STOP BELIEVIN' LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DONT STOP BELIEVIN' LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMANUEL HARTMAN

\_\_\_\_\_  
Name of Person

INSURANCE CARE DIRECT

\_\_\_\_\_  
Firm/Company

1002 E NEWPORT CENTER DRIVE, SUITE 200

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33442

\_\_\_\_\_  
City/State and Zip Code

MHARTMAN@INSURANCECAREDIRECT.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMANUEL HARTMAN

at ( 877 )

498-4632

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: DON'T STOP BELIEVIN' LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1002 E Newport Center Dr

1002 E Newport Center Dr

Deerfield Beach FL 33442

Deerfield Beach FL 33442

04/20/2018

L18000100451

3. Date of filing/registration in Florida

4. Document number

5. (a) Bradley Cohen

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1002 E Newport Center Dr

Deerfield, FL 33442

(b) Corporation Service Company

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street

**NEW** Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

BRAD COHEN

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Corporation Service Company

BY:

Emily Croft  
**Asst. Vice President**

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

**FILING FEE: \$25.00**